

NBHA SANCTIONED SHOW REQUEST FORM

THIS FORM, ALONG WITH A \$30.00 PER SHOW SANCTIONING FEE, MUST BE RECEIVED AT HEADQUARTERS AT LEAST 14 DAYS PRIOR TO THE EARLIEST REQUESTED SHOW DATE. ANYTHING RECEIVED LATER THAN 14 DAYS WILL BE RETURNED TO THE DISTRICT DIRECTOR AND SANCTION DENIED. PLEASE SUBMIT AT LEAST 60 DAYS IN ADVANCE IN ORDER TO BE INCLUDED IN THE BARREL HORSE NEWS.

TODAY'S DATE: _____ / _____ / _____ NBHA DISTRICT # _____

ORGANIZATION MAKING REQUEST: _____ NBHA MEMBER # _____

CONTACT PERSON _____ PH.# _____ - _____ - _____

ARENA NAME _____

CITY _____ ST. _____ ZIP _____ - _____ - _____

• NO SHOW WILL BE PROCESSED WITHOUT PAYMENT •
• • WRITTEN NOTIFICATION IS REQUIRED WHEN SHOWS ARE CANCELLED OR RESCHEDULED • •

ELECTRONIC TIMERS ARE REQUIRED AT ALL NBHA SANCTIONED SHOW/EVENTS.

IS THIS A CO-SANCTIONED SHOW? _____ • HOST ASSOCIATION/CLUB _____

HOST DISTRICT _____ CO-SANCTIONED DISTRICTS _____

PLEASE CHECK THE FORMAT YOU PLAN TO USE:

OPEN 3D 4D YOUTH 3D 4D SENIOR 3D 4D

WHEN CO-SANCTIONING, HOST DISTRICT IS RESPONSIBLE FOR SUBMITTING SANCTIONING FEE.

EACH DISTRICT TAKING PART IN THE CO-SANCTIONED SHOW MUST SUBMIT A SHOW SANCTIONING FORM.

NBHA USE ONLY	
SANCTIONING	
YES	NO

SHOW DATES REQUESTED _____ / _____ / _____ SHOW STARTING TIME _____

ADDED MONEY _____

SHOW DATES REQUESTED _____ / _____ / _____ SHOW STARTING TIME _____

ADDED MONEY _____

SHOW DATES REQUESTED _____ / _____ / _____ SHOW STARTING TIME _____

ADDED MONEY _____

SHOW DATES REQUESTED _____ / _____ / _____ SHOW STARTING TIME _____

ADDED MONEY _____

SHOW DATES REQUESTED _____ / _____ / _____ SHOW STARTING TIME _____

ADDED MONEY _____

TOTAL FEE SUBMITTED _____

CREDIT FROM PREVIOUSLY CANCELLED SHOW

CHECK # _____

(LIST DATE OF EACH CREDITED SHOW BEING USED)

I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE NBHA
SUBMIT THIS REQUEST TO:

DISTRICT DIRECTOR

ADDRESS

CITY • STATE/PROV. • ZIP



SIGNATURE OF APPLICANT

APPLICANTS TITLE

SIGNATURE OF DISTRICT DIRECTOR

PLEASE SUBMIT ALL COPIES OF THE NBHA SHOW SANCTIONING REQUEST TO THE DISTRICT DIRECTOR
WHITE COPY TO NBHA HOME OFFICE • YELLOW COPY TO NBHA DISTRICT DIRECTOR • PINK COPY FOR NBHA STATE DIRECTOR